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CONFIRMATION NO. 5228

Bib Data Sheet

|   |   |  |  |   |                                    |
|---|---|--|--|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/715,301  | <b>FILING OR 371(c)<br/>DATE</b><br>11/17/2003<br><b>RULE</b>   | <b>CLASS</b><br>180                              | <b>GROUP ART UNIT</b><br>3616  | <b>ATTORNEY<br/>DOCKET NO.</b><br>17440 |                                    |
| <b>APPLICANTS</b><br>Michael D. Skelcher, Essex, UNITED KINGDOM;<br>Graeme J. Yorwarth, Essex, UNITED KINGDOM;  |   |  |  |   |                                    |
| <b>** CONTINUING DATA *****</b>   |   |  |  |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 02.26.843.1 11/16/2002   |   |  |  |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/17/2004</b>  |   |  |  |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>UNITED<br>KINGDOM | <b>SHEETS<br/>DRAWING</b><br>3   | <b>TOTAL<br/>CLAIMS</b><br>9            | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>23406   |   |  |  |   |                                    |
| <b>TITLE</b><br>CAB SUPPORT SYSTEM FOR AN AGRICULTURAL VEHICLE  |   |  |  |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1200  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |